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**\*BIBDATASHEET\***

CONFIRMATION NO. 5543

Bib Data Sheet

|                             |                                       |              |                        |                     |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------|
| SERIAL NUMBER<br>10/695,725 | FILING DATE<br>06/28/2004<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1616 | ATTORNEY DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------|

## APPLICANTS

Ted Ichino, Redondo Beach, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/115,598 04/02/2002 ABN  
 which is a DIV of 09/247,953 02/11/1999 PAT 6,468,554  
 which is a CIP of 08/668,616 06/07/1996 ABN \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.

**\*\* 03/23/2004****\*\* SMALL ENTITY \*\***

|   |  |                           |                        |                      |                            |
|---|--|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>2 | INDEPENDENT<br>CLAIMS<br>2 |
| Verified and Acknowledged                                   | Examiner's Signature <i>SM</i> Initials  |                           |                        |                      |                            |

## ADDRESS

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## TITLE

Sensorially active substances embedded in plastic

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input checked="" type="checkbox"/> 1.16 Fees ( Filing )<br><input checked="" type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input checked="" type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
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